

STATE OF NEW JERSEY - DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS**APPLICATION FOR ACCIDENTAL DEATH BENEFITS**

INSTRUCTIONS TO THE APPLICANT

NOTE: *The guardian of the child(ren) under 18 years of age of the deceased member may apply if the member left no surviving widow or widower.*

1. **COMPLETE** this application and have your signature witnessed by a notary public.
2. **ATTACH** a certificate of the death of the member and photocopy of your marriage and birth certificates.
3. **ATTACH** a photocopy of the birth certificate for each child under age 18, or mentally and physically incapacitated, regardless of age.
4. **RETURN** to the Division of Pensions and Benefits, PO Box 295, Trenton, NJ 08625-0295.

_____ Name of Deceased Member		_____ Date of Deceased Member's Death	
_____ Social Security Number of Deceased Member		_____ Pension Number of Deceased Member	
_____ YOUR Name		_____ YOUR Relationship to the Deceased	
_____ YOUR Social Security Number	_____ YOUR Date of Birth	_____ YOUR Telephone Number	

The following children (under age 18, or a child (unmarried) who is mentally or physically incapacitated regardless of age) of the deceased member survive him/her (if you need to list additional children, please submit NOTARIZED attachment with this application).

(LAST NAME, FIRST, MIDDLE) _____			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate _____	_____
		Month, Day, Year	Social Security Number
(LAST NAME, FIRST, MIDDLE) _____			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate _____	_____
		Month, Day, Year	Social Security Number
(LAST NAME, FIRST, MIDDLE) _____			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate _____	_____
		Month, Day, Year	Social Security Number

I do hereby make application for the accidental death benefit payable from the retirement system.

Today's Date: _____, 20 _____	_____ YOUR Complete Mailing Address
_____ YOUR Signature	_____ _____

State of _____

County of _____

Sworn and subscribed before me this

_____ day of _____, 20 _____

Notary Public

My commission expires _____/_____/_____

